

STATE OF WASHINGTON

WASHINGTON STATE BOARD OF HEALTH

1102 SE Quince Street • PO Box 47990 Olympia, Washington 98504-7990

June 13, 2001

The Honorable Kelli Linville, Co-Chair Agriculture and Ecology Committee Washington State House of Representatives 328 John L. O'Brien Building Post Office Box 40600 Olympia, Washington 98504-0600

Dear Representative Linville:

I am writing to share with you the Board's commitment to supporting the Department of Ecology's "Proposed Strategy to Continually Reduce Persistent, Bioaccumulative Toxins (PBTs) in Washington State." We find Ecology's proposed PBT reduction strategy consistent with the Board's statutory authority to "adopt rules and standards for prevention, control, and abatement of health hazards and nuisances related to the disposal of wastes... and other environmental contaminants." RCW 43.20.050 (2)(b) and our mission to develop policies to promote, protect, maintain, and improve the health of Washingtonians.

Ecology's proposed strategy addresses a growing concern we have about the relationship between toxic exposures and their related effects on human health. The strategy targets a certain group of chemicals that are known to remain in the environment for a long time, build up in the tissues of humans and animals, become part of the food chain, and negatively affect human health. As these chemicals pass through the food chain their toxicity actually increases. Even if one of the targeted chemicals has a relatively low level of toxicity at the time of discharge, we know that higher levels of toxicity will be found from this same chemical in fish that humans are consuming. Given the persistent and bioaccumulative nature of these toxins, the Board fully supports the Department of Ecology's strategy to prevent new PBT releases, reduce, and where possible, eliminate current releases, and clean up PBT contamination from past releases.

The Board recognizes the U.S. Environmental Protection Agency's efforts to address this problem nationally and believes that such a strategy must be tailored to Washington's particular circumstances, as the Department of Ecology has presented in its proposed strategy. Ecology's strategy appears prudent with a reasonable time frame for implementation. The strategy includes efforts to provide education to the general population about the need for PBT reduction in an objective and science-based manner. We recognize that PBTs are not restricted to the industrial and agriculture sectors. Instead, they require recognition and reduction from the entire population. Given this, a public education campaign is necessary if Washington hopes to achieve the necessary PBT reduction goals proposed.

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The common adage that an ounce of prevention is worth a pound of cure is a fundamental tenet of public health. Indeed, we advocate this principle to medical care management and financing. We know that good health promotion programs (e.g., nutrition, exercise, smoking cessation) actually save health care dollars and provide more benefit to the overall population than high cost curative interventions. In this same way we believe that preventing pollution at its source and cleaning up existing contamination promotes good health in the population and will also save health care dollars. We believe that the Department of Ecology's proposed strategy is a promising and effective way to remove the most toxic pollutants from the environment and provide the greatest health protection to all Washingtonians.

We appreciate your thoughtful consideration of this important environmental and public health issue.

Sincerely,

Linda Lake, Chair Washington State Board of Health

cc: Agriculture and Ecology Committee Members

Ms. Carol Jolly, Governor's Office of Health Policy

Ms. Ree Sailors, Governor's Office of Health Policy

Ms. Jan Olmstead, Health Care Authority

Mr. Kenneth Hirst, House Committee Services

Mr. Tom Fitzsimmons, Department of Ecology

Mr. Michael Gallagher, Department of Ecology

Ms. Mary Selecky, Department of Health

Ms. Patty Hayes, Department of Health

Mr. Bill White, Department of Health

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